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Application Number 10/562,548

Filing Date May 16, 2006

First Named Inventor Aloys Wobben

Art Unit 2837

Examiner Name Rita Leykin

Attorney Docket No. 970054.501USPC

| | | | Attorney Docket N | NO. | 9700 | 754.50 TUSEC | | |
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| ENCLOSURES (check all that apply) | | | | | | | | |
| Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application | | | Drawing(s) Request for Corrected Receipt Licensing-related Paper Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 Cf 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of | Filing ers a f ess | | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below): and Substitute Specification; and Redlined Substitute cification | | |
| Remarks 3 Sheets of Replacement Drawings (Figures 1A-3) | | | | | | | | |
| | SIGNATUR | RE O | F APPLICANT, ATTO | RNEY. | OR A | GENT | | |
| | | ctual Property Law Group PLLC | | Customer Number 00500 | | | | |
| Signature Raysellett | | | | | | | | |
| Printed Name | Raymond W. Armentrout | | | | | | | |
| Date January 18, 2 | | 2007 Re | | Reg. N | lo. | 45,866 | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | | | | | | |
| Signature ** SE | | ENT VIA EXPRESS MAIL ** | | | | | | |
| Typed or printed name | | | | | Date: | | | |
| SEND TO: Commissioner fo | Patents, P.O. Box 145 | O. Alex | randria, VA 22313-1450. | | | | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 893921_1.DOC

Complete if Known Peop pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/562.548 Application Number EE TRANSMITTAL May 16, 2006 Filing Date First Named Inventor Aloys Wobben For FY 2006 **Examiner Name** Rita Leykin ant claims small entity status. See 37 CFR 1.27 Art Unit 2837 TAL AMOUNT OF PAYMENT Attorney Docket No. 970054.501USPC METHOD OF PAYMENT (check all that apply) ☐ Credit Card Money Order Other (please identify): X Check Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FILING FEES** SEARCH FEES **FEES** <u>Small</u> **Small Entity Small Entity Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Provisional 200 100 0 0 0 n 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee (\$) **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** -20 or HP = 17 0 Х Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP = <u>2</u> HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 =/50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension of Time (1 month) 120 **SUBMITTED BY** Registration No. Signature 45.866 Telephone 206-622-4900 (Attorney/Agent) Name (Print/Type) Raymond W. Armentrout Date January 18, 2007